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Cosmetic Surgery Estimator (CSE) Version 7.0 Update

TMA UBO Program Support
21 June 2011 @ 0800
23 June 2011 @ 1400

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Agenda

- Background—Health Affairs Policy 05-020, October 2005
- Disclosure/Consent Required
- The Estimate Process
- 2011 Rate Methodology
- 2011 Updates & Enhancements
- CSE v7.0 Distribution
- Practice Scenarios
- Questions & Answers



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Background

- Elective cosmetic surgery is **not** a TRICARE covered benefit.
- **However**, Health Affairs Policy 05-020 authorizes “limited volumes of cosmetic surgery procedures” in military treatment facilities to support graduate medical education, board eligibility and certification, and skill maintenance for certified specialists.
- The policy also notes that performing cosmetic procedures often requires the same skills necessary to obtain optimal results in reconstructive surgery, therefore military providers “have a valid need to perform cosmetic surgery cases to maintain their specialty surgical skills.”



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Who Can Perform Cosmetic Procedures

- HA Policy 05-020 authorizes:
 - A limited number (20% of case load) of cosmetic surgery cases performed by privileged staff and residents in the following specialties:
 - Plastic Surgery
 - Otorhinolaryngology (ENT)
 - Ophthalmology
 - Dermatology
 - Oral-Maxillofacial Surgery
 - Exception is for excision or destruction of minor benign dermatological lesions which may be performed by “qualified and privileged providers in any specialty.”



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Availability of Elective Cosmetic Surgery

- Elective cosmetic surgery at MTFs is only provided on a “space available” basis and is limited to:
 - TRICARE-eligible beneficiaries (including TRICARE for Life) who will not lose eligibility for at least 6 months.
 - Active duty personnel must have written permission from their unit commander.
- **All patients are** fully responsible and must pay for in full in advance for surgical fees, applicable institutional and anesthesia charges, as well as the cost of all implants, cosmetic injectables, and other separately billable items associated with elective cosmetic procedures



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Disclosure/Consent Required

- Sample Letter of Acknowledgement in User's Guide has not changed this year
 - Paragraph 1 clarifies payment terms and references the Federal regulations regarding debt collection
 - Paragraph 2 references the refund policy printed on back of form
 - Ensure your refund policy is printed on the back of the form
 - Paragraph 3 includes the title of the TRICARE Policy Manual reference: *Complications (Unfortunate Sequelae) Resulting from Noncovered Surgery or Treatment*
 - Clarifies follow-up, including follow-up care for complications, and may be non-covered regardless of location of service



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Cost of Cosmetic Procedures

* Professional Fees



* Facility Fee (Outpatient/APV or Inpatient)

(There is no facility fee for procedures performed in a provider's office)



Anesthesia Fee



Cost of Implants, Supplies & Pharmaceuticals

(e.g., Breast Implants, Chin Implants, Botox®, Restylane®)

= TOTAL COST

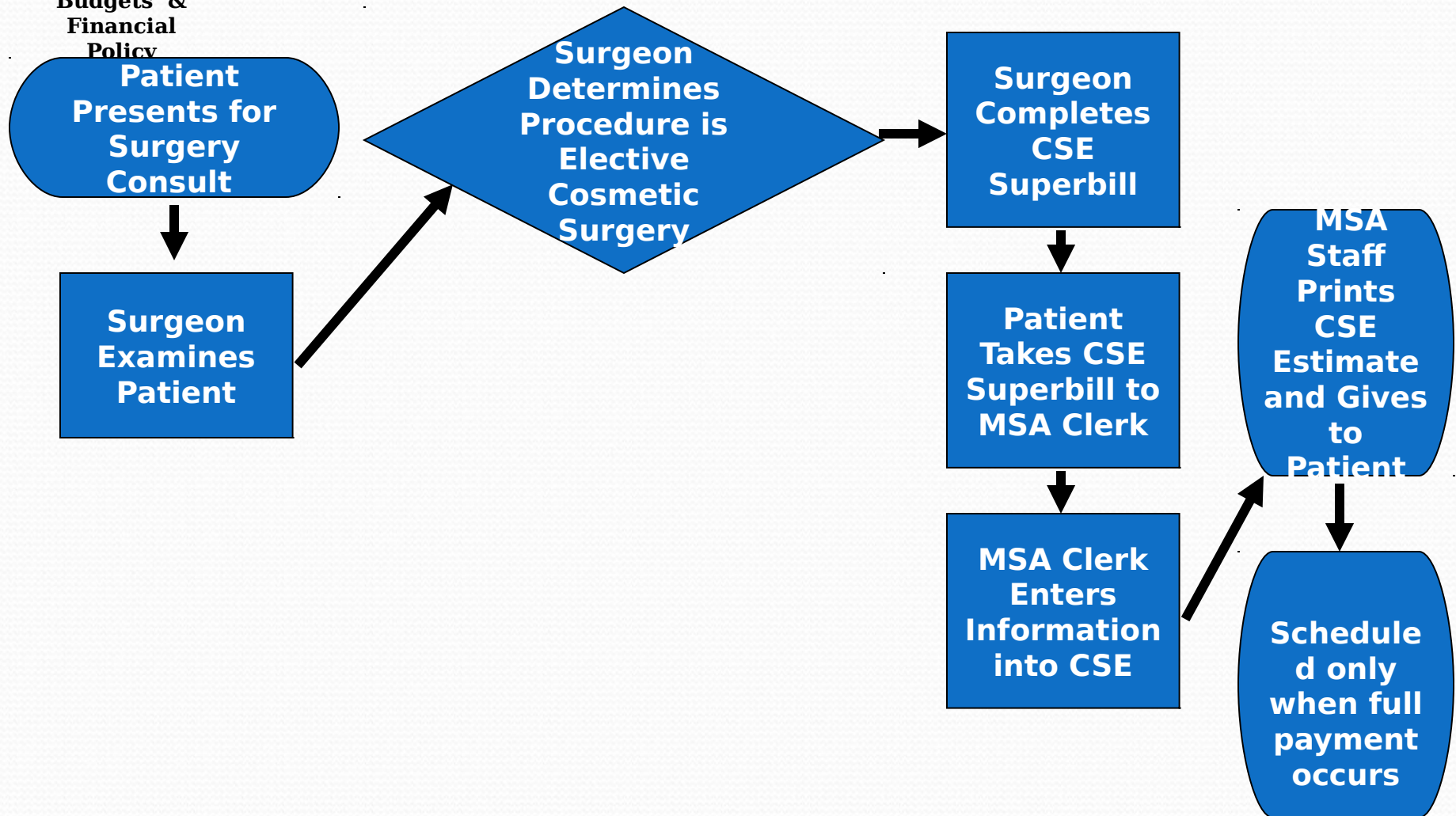
* For bilateral or secondary procedures performed during same surgical encounter, fees are reduced by 50% for additional procedures



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The Estimate Process





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Surgeon's Professional Rates

- No change in business rules for professional fees in 2011
- Fees updated to 2011 CMAC national rate, Locality 300
 - Rates are not locality-driven; same rate at every MTF
 - Y codes and CPT codes with a CMAC rate are cross-walked to a similar procedure code with a CMAC rate, if applicable, for fee update. Otherwise increased by 4.50 % in accordance with 2011 overall TRICARE CMAC rate increase
- Facility professional fees applied in OR/Outpatient setting
- Non-Facility professional fees applied in clinic/office setting
- Business rules require entering procedure with highest cost rank as primary; location of procedure in Box #3 is required before displaying the cost ranking
- Fees are rounded to nearest \$1.00



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OR/Outpatient (APU) Rates

- No change in 2011 to OR/Outpatient business rules
- Updated to 2011 TRICARE Ambulatory Payment Classification (APC) rates in v7.0
- Business rule synopsis:
 - 100% of APC rate for primary procedure applied in the CSE
 - 50% of APC rate applied for multiple and/or bilateral procedures
- Fees are rounded to nearest \$1.00



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OR/Inpatient Rates

Changes in Business Rules for 2011

- Breaks out professional and anesthesia fees in addition to the facility rate based on the DRG
 - Eliminates the \$1000 all-inclusive rate for each additional procedure
 - Mirrors commercial billing and reimbursement practices
- Facility DRG rate for primary procedure is applied
- Anesthesia rate for the primary procedure is applied
- The surgeon's fee will vary depending on quantitative or bilateral procedures
 - Primary procedure is payable at 100%
 - Additional and/or bilateral procedures calculated at 50% of rate
 - Essentially, the same professional fee business rules apply as OR/Outpatient



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Anesthesia Rates

- Pricing based on primary procedure selected
 - No additional fee for multiple and/or bilateral procedures
- Anesthesia Types
 - General/MAC anesthesia
 - Rate based on 2011 TMA UBO anesthesia rate table
 - Not typically done in the clinic/office setting
 - Topical = \$0 (e.g., numbing agent/cream)
 - Local Block = \$0 (e.g., local injection of lidocaine)
 - Moderate Sedation (99144/99149) = \$108.00 (4.5% increase in 2011)
- Fee rounded to nearest \$1.00



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Implant & Pharmaceutical Fees

● Implants

- “Patient[s] must reimburse the MTF for any cosmetic implants.” *HA Policy 05-020, Oct 2005*
- Implants are local purchases, therefore, cost varies by MTF
- Ensure that implants have been paid for prior to surgery
 - Sometimes patient arranges payment directly with the manufacturer
 - Proof of payment for your MSA business file is advised to ensure policy compliance

● Pharmaceuticals

- Botox ® Cosmetic price per unit remains \$5.46 for 2011, same as 2010
- Dysport® can be used and requires individual pricing per unit
- The cost of these medications *are not included in the price* for chemodenervation procedures; but discount is available when performed by a Dermatology Resident
- Entry in the CSE by drop-down list now allows for Botox ®, Dysport ®, or “Other”



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Soft Tissue Fillers

- The Superbill is getting crowded and the list of fillers keeps growing
- Many are listed on the Superbill, otherwise provider can enter name and quantity under "Other"
- The drop down list in CSE v7.0 has an extensive list for easier entry selection
- The codes for the provider to inject a filler span 11950-11954 and are coded in addition to the supply cost for the filler that's selected on the Superbill



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New and Deleted Procedures

New	17999-Y0019	Laser hair removal, chest
New	37799	Stab phlebectomy of varicose veins, one extremity; less than 10 incisions
Deleted	17999-Y5876	Ultrasound assisted lipectomy; head and neck
Deleted	17999-Y5877	Ultrasound assisted lipectomy; trunk
Deleted	17999-Y5878	Ultrasound assisted lipectomy; upper extremity
Deleted	17999-Y5879	Ultrasound assisted lipectomy; lower extremity
Delete	65770	Keratoprosthesis



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Code Description Updates

- 36468 Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); trunk
 - Added “limb” to CSE v7.0 description
- Shortened description of chemodenerivation procedures in CSE v7.0 and in User Guide
 - For example: 64612 Chemodenerivation of muscle(s); muscle(s) innervated by facial nerve (eg, ~~for blepharospasm, hemifacial spasm~~)
- Changed description of 17999-Y6001 “Piercing, other body parts” to “Other body location, each piercing”



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Selecting the Primary Procedure

- Must select highest priced procedure as primary when pricing multiple procedures otherwise incorrect discounting
 - **Response:** Entry screen includes Cost Rank value (based on pricing) to assist user in selecting the primary procedure with the highest rank (higher number = more \$)
 - This year the CSE will apply a cost rank after the location is selected in Box #3
- Warning box will appear if an add-on code is entered in Box 1 & 2



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Global Period Days

- Some cosmetic procedures achieve optimal results when repeated or touched-up, but become pricey as a result
- The “global period” table is an additional Appendix in the User’s Guide added last year
 - Many procedures have a 10 or 90 day global period
 - Providers should not re-code procedures performed during the global period; may use code 99024 for post-op touch-ups, etc.



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CSE v7.0 Enhancements

- If a procedure selected in Box 1 & 2 has a bilateral designation and the user selects “No” in Box 6, a pop-up dialogue box will appear to remind the user to verify that this is correct
 - Allows the user to select “Botox®”, “Dysport®”, or “Other” in Box #10 when chemodenervation codes are selected in Box #1
 - When a procedure with an associated add-on code is selected in Box #1, the related add-on code will be the only choice in Box #8
- Updated the comment boxes to provide greater clarity and brevity

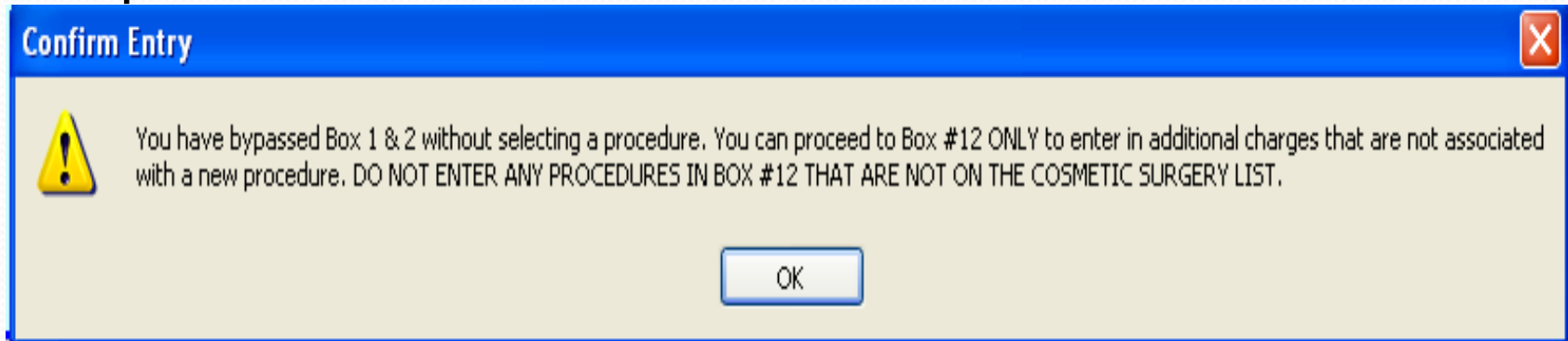


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CSE v7.0 Enhancements

- User will now be able to go directly to Box #12 to enter in supplies, pharmaceuticals, etc.
 - Previously, for reconciliation, the ability to enter additional prices for Botox ®, for example, in Box #12 was not possible without entering in a procedure in Box #1 & 2





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CSE v7.0 Cost Estimate Report

Cosmetic Surgery Estimator Cost Report			
Date of Estimate: Friday, June 10, 2011		8:24:23 AM	
CPT	CPT Title		
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy		
15847	Excision, excessive skin & subcutaneous tissue (includes lipectomy), abdomen (includes umbilical transposition & fascial plication); Panniculectomy with Abdominoplasty		
Combined with a medically necessary procedure?		No	
Professional Fee		Cost:	\$1,535.00
Place of Service		OR/Outpatient	Cost: \$2,364.00
Quantitative Procedures		Procedure (total sessions):	0
Filler / Pharmaceutical		None	Qty: 0 Cost: \$0.00
Anesthesia Type		/General/Monitored Anes Care	Anesthesia Cost: \$367.00
Implants / Other Supplies		None	Implants Cost: \$0.00
Total Costs		\$4,266.00	
Prices are subject to change			

Add a space between the words

Change to:
Total
Procedures/
Sessions:

Change to:
Multiple
Procedures

Remove
the / before
the first
word
General

Correct
spelling:
should be
Anesthesia

Change to:
Implant/Supply
Costs:



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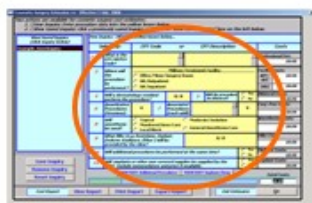
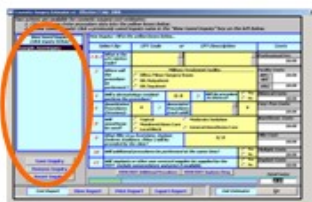
CSE v7.0 User's Guide

In addition to simple instructions at the top of the screen, the main screen has three key areas:

(1) the left bar, where inquiries are saved, viewed, removed, or reset;

(2) the bottom bar, where reports are viewed, printed, or exported; and

(3) the main panel that has numbered sections for creating an inquiry.



The user completes the yellow cells for each section by (1) typing,

(As you type, a drop-down list appears from which you can select the procedure.)

(2) selecting from a drop-down list, or

(3) clicking a radio button.

Select By:	CPT Code	or	CPT Name
1 & 2	What is the CPT/HCPCS Code?		
11490	Excision benign skin lesion/trunk, arms or legs <.5cm		
11491	Excision benign skin lesion/trunk, arms or legs .5-1.0cm		
11492	Excision benign skin lesion/trunk, arms or legs 1.1-2.0cm		
11493	Excision benign skin lesion/trunk, arms or legs 2.1-3.0cm		
11494	Excision benign skin lesion/trunk, arms or legs 3.1-4.0cm		
11496	Excision benign skin lesion/trunk, arms or legs >4.0cm		
11420	Excision benign skin lesion, scalp, neck, hands, feet, genital, <.5cm		
11421	Excision benign skin lesion, scalp, neck, hands, feet, genital, .5-1.0cm		
11422	Excision benign skin lesion, scalp, neck, hands, feet, genital, 1.1-2.0cm		
11423	Excision benign skin lesion, scalp, neck, hands, feet, genital, 2.1-3.0cm		

☐ Yes
☐ No

Clicking the "Yes" radio button for Section 10 elicits the pop-up screen for specifying additional procedures.

Additional Associated Procedures

1. Add as Additional or Associated Procedures by selecting a CPT code or CPT Description from one of the drop-down boxes below.

2. Enter a quantity for the procedure to be performed in the "Qty" box.

3. If a chemotherapy procedure is selected, indicate whether or not a chemotherapy resident will be performing the procedure in the "Chemo Res" box.

4. If a "What?" procedure is selected, indicate whether or not the procedure will be performed bilaterally.

5. If a bilateral procedure is selected, enter the number of units to be used in the "Units" box.

6. If a bilateral procedure is selected, enter the price per unit in the "Price" box, and the number of units to be used in the "Units" box.

Select by CPT	Select by Description	Qty	Price	Units	Chemo Res	Bilateral	Units	Price	Units	Total Cost
CPT Code	CPT Description	Qty	Price	Units	Chemo Res	Bilateral	Units	Price	Units	Total Cost

Cost of Associated Procedures: 0.00

Clear List Close



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2011 User Guide Updates

- Explanation added that defines the specific procedures considered as “sessions”
 - Sessions can occur at separate times or dates and not during the same operative session
 - CSE does NOT discount
 - Laser tattoo removal by square centimeters, initial and subsequent considered add-on codes (17999-Y0031 + 17999-Y0033)
 - The rate is already reduced for subsequent tattoo removal sessions
 - Electrolysis Epilation, per 30 minute session (17380)
 - The rate for electrolysis is priced equally for each 30 minute session



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CSE v7.0 Superbill

- Corrected quantity box shading on Superbill for dermal fillers (11950-11954)
- Shaded the bilateral box for 36468, Sclerotherapy of limb, trunk
- Removed deleted codes and added new codes
- Corrected a few typos in code descriptions
- Added “+” add-on designations to the laser tattoo removal codes 17000-Y0031 and 17999-Y0033
- Added Dysport ® and “Other” to Chemodenervation section



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Distribution of Materials

- CSE v7.0 and all associated materials will be available for download from a secure file transfer protocol (FTP) server
 - Bypasses a number of Service-specific security hurdles
 - User name and password not required
- Available for download for 15 days, 1-15 July, 2011
 - If needed after that, request through the UBO Help Desk
- Service POCs will distribute IP address and instructions



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Website References & Resources

- Publically available on the TRICARE Web site link http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates/cs.cfm
 - Current and historical rate tables
 - 2011 User's Guide and Superbill in PDF format
 - Link to the TRICARE Policy Manual (TPM) Website



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Practice Scenario #1: Bilateral Procedure

- A 63-year-old patient requests cosmetic removal of herniated fat pad of the lower eyelids.
- The procedure will be performed:
 - 1) In the OR/Outpatient setting
 - 2) With General Anesthesia

		Bi	Qty
BLEPHAROPLASTY, BLEPHAROPTOSIS, CANTHOPLASTY			
Blepharoplasty; lower eyelid	15820		
Blepharoplasty; w/extensive herniated fat pad	15821		
Blepharoplasty; upper eyelid	15822		
Blepharoptosis; internal approach	67903		
Blepharoptosis; external approach	67904		
Canthoplasty	67950		

- Many procedures performed for cosmetic purposes are bilateral in nature when dealing with mirror images like eyelids, eyebrows, breasts, limbs, etc.



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Practice Scenario #1

Live Demonstration



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Practice Scenario #2: Chemodenervation

- A 50-year-old patient requests Botox® injections for unsightly facial wrinkles and embarrassingly sweaty palms.
- The procedure will be performed:
 - 1) In a Provider's Office (*not by a Dermatology Resident*)

CHEMODENERVATION (add Botox®, Dysport®, or Other qty below)		Bi	Qty
Performed by a Dermatology Resident? Y <input type="checkbox"/> or N <input checked="" type="checkbox"/>			
Chemodenervation; facial	64612		
Chemodenervation; neck	64613		
Chemodenervation; extremity or trunk	64614		2
Chemodenervation; both axillae	64650		
Chemodenervation; eccrine glands other areas, per day	64653		
Select pharmaceutical below and fill in # units		Price	Qty
Botox Cosmetic®	J0585		4
Dysport®	J0586		0
Other	J3490		



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Practice Scenario #2

Live Demonstration



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Practice Scenario #3: Multiple Procedures

- A 35 year-old patient is scheduled to have a panniculectomy, umbilical repositioning, and liposuction of the neck.
- The procedure will be performed:
 - 1) In an OR/Inpatient Setting
 - 2) With General Anesthesia

EXCISION EXCESS SKIN & SUBCUTANEOUS TISSUE			
Abdominoplasty only (mini tuck)	17999-Y5831		
Panniculectomy	15830		
---> w/umbilical transposition and/or fascial plication (code first 15830)	15847 +		
Thigh Lift	15832		
Leg Lift	15833		
Hip Lift	15834		
Buttock Lift	15835		
Brachioplasty (Arm Lift)	15836		
Forearm or Hand Lift	15837		
Submental Fat Pad (chin)	15838		
Lift, Other Area	15839		
LIPOSUCTION — SUCTION ASSISTED LIPECTOMY			
Head & Neck	15876		
Trunk	15877		
Upper Extremity	15878		
Lower Extremity	15879		



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Practice Scenario #3

Live Demonstration



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Effective Date

- Cosmetic Surgery Rates are included in the CY 2011 Outpatient Itemized Billing (OIB) Rate Package that is scheduled to be effective 1 July 2011
- CY 2011 OIB Rate Update Webinar available for on demand viewing at the UBO Learning Center at http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm



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Questions & Answers





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- Please contact the UBO Help Desk at
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